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SCHEDULE A (FEC Form 3)		Use separate schedule(s) for each category of the	1 011 211 11011122111						40 OF	52	
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ITEMIZED RECEIPTS		Detailed Summary Page		11a		Г	X 11c		11d	_	
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Any information copied from such Reports and or for commercial purposes, other than using t											
NAME OF COMMITTEE (In Full) Lou Correa for Congress 2016											
Full Name (Last, First, Middle Initial) The Doctors Company Federal PA	C (DOCPA	C)	D	ate of	Roco	int					
Mailing Address 185 Greenwood Road					Date of Receipt 09 26 2015						
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City Providence	State RI	Zip Code 02903	Trar	nsactio	on ID	: SA	11C.C4	6078	344		
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SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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